

In re Application of:

Docket No. 213202.00369

IAN M. PENN, ET AL.

Application No.: 10/073,277

Examiner: Vy Q. Bui

Filed: February 13, 2002

Group Art Unit: 3731

For: EXPANDABLE STENT AND METHOD
FOR DELIVERY OF SAME

Date: January 21, 2004

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

RECEIVED

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TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 42	MINUS	** 105	= 0	x \$9 \$18	\$000.00
INDEP. CLAIMS	* 5	MINUS	*** 5	= 0	x \$43 \$86	\$000.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT-						\$000.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

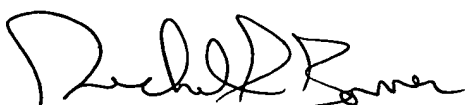
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☒ A check in the amount of \$ 110.00 to cover the Terminal Disclaimer Fee is attached. Any deficiency in this fee, please charge Deposit Account No. 50-1710. A duplicate copy of this paper is attached.
- ☐ Charge \$___ to Deposit Account No. 50-1710 for the additional claims fee. A duplicate copy of this paper is attached.
- ☐ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 50-1710 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-1710. A duplicate copy of this paper is enclosed.
- ☐ Charge \$___ to Deposit Account No. 50-1710 to cover the fee for a ___ month extension of time fee. A duplicate copy of this paper is attached.
- ☐ Charge \$___ to Deposit Account No. 50-1710 to cover the Information Disclosure Statement fee. A duplicate copy of this paper is attached.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 625-3507. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorneys for Applicants

Registration No. 31,588

PATENT ADMINISTRATOR
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